

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 1062-7143 FILING DATE 1-25-03
 APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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50						
TOTAL IND. <u>2</u>						
TOTAL DEP. <u>33</u>						
TOTAL CLAIMS <u>35</u>						

CLAIMS						
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. _____						
TOTAL DEP. _____						
TOTAL CLAIMS _____						